

Permit File Checklist

Application Submittal List

Check-in	Review	
_____	_____	Zoning Clearance Application
_____	_____	Site Layout
_____	_____	Certificate of Liability Insurance
_____	_____	Copy Zoning Permit by Town (<i>if applicable</i>)
_____	_____	Business License City / County Business License
_____	_____	Amusement Device Application
_____	_____	Supervisor Review
		Date _____

Your application for a permit cannot be reviewed until the missing documents are provided.

Signature: _____ **Date:** _____



DEPARTMENT OF COMMUNITY DEVELOPMENT
ZONING CLEARANCE APPLICATION



APPLICATION NUMBER: _____

FEE: \$25.00

DATE: _____

APPLICANT NAME: _____

CITY OF FRANKLIN: SOUTHAMPTON COUNTY:

ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____ ZONED: _____

CURRENT/PRIOR USE: _____

OWNER (If other than applicant) : _____ PHONE: _____

OWNER ADDRESS: _____

NEW BUSINESS NAME IF APPLICABLE: _____

DESCRIBE PROPOSED USE: (also attach narrative) _____

HEALTH DEPARTMENT APPROVAL NEEDED: YES: NO:

SITE PLAN REQUIRED: YES: NO:

FLOOR PLAN LAYOUT: YES: NO:

IS PROPERTY LOCATED IN THE SPECIAL FLOOD HAZARD AREA? (100 year flood plain) YES: NO:

THE APPLICANT/OWNER IS RESPONSIBLE FOR OBTAINING ALL APPLICABLE STATE AND/OR FEDERAL PERMITS REGULATING THE USE OF THE PROPERTY. IT IS UNDERSTOOD THAT NO CHANGE IN USE SHALL BE MADE WITHOUT THE APPROVAL OF THE ZONING ADMINISTRATOR.

SIGNED: _____ DATE _____
APPLICANT

OFFICE USE ONLY

APPROVED: CONDITIONAL APPROVAL: DENIED: REASON FOR DENIAL: _____

CONDITIONS: _____

SIGNED: _____ DATE: _____
ZONING OFFICER



DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING - BUILDING INSPECTIONS - ZONING

AMUSEMENT DEVICE/ RIDE PERMIT APPLICATION

LOCATION: _____

ADDRESS: _____

OPENING DATE: _____ CLOSING DATE: _____

DATE ARRIVING ON SITE: _____

NAME (FIRM OR AMUSEMENT COMPANY) _____

NAME (OWNER, LESSEE, OR AGENT): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE #: _____ SITE PHONE #: _____

FAX #: _____ EMERGENCY CONTACT #: _____

EMAIL: _____

Representative(s) authorized to accept service of legal process on behalf of owner or lessee: _____

(Name, Title, Address, and Telephone Number)

Representative(s), owner, or lessee to be contacted concerning inspections: _____

(Name, Title, Address, and Telephone Number)

I hereby apply for a permit to operate amusement rides as prescribed by the provisions adopted under authority granted the Board of Housing and Community Development by the Uniform Statewide Building Code Law, Chapter 6, [Subsections 36-97 et. Seq.] of Title 36 of the code of Virginia, and the Virginia Amusement Device Regulations. Names of rides/devices are listed as an attachment to this application. The listed rides/devices are subject to inspection fees as prescribed by 13 VAC 5-31-100 of the Virginia Amusement Device Regulations. All payments shall be made to the City of Franklin.

Insurance- The owner shall submit proof of liability insurance of an amount not less than \$500,000 per occurrence or proof of equivalent financial responsibility status during the period of operation to be, or which is, authorized by the permit. Such proof shall be demonstrated by a bond or cash reserve, or a "Certificate of Insurance" issued by an insurance company authorized to do business in the Commonwealth of Virginia. The following information must be included on the certificate: (1) time period of coverage; (2) Limits of the policy; (3) a 30-day cancellation notice; (4) Name of ride(s) insured. If the certificate covered all rides/devices operated by the insured, regardless of the number, the certificate must contain such a statement.

I hereby acknowledge that I have read this application and affirm that the statements made herein are true and correct to the best of my knowledge.

(Date)

(Signature)

